

EXHIBIT “11”

Kendall Credit and Business Service, Inc.
 P.O. Box 830847
 Miami, FL 33283-0847
 (786) 594-6688 from 8am to 5pm EST, Monday to Friday
 Today's Date: 10/14/2024

To: Heriberto Valiente
 4214 SW 164TH PATH
 MIAMI, FL 33185-5290

Reference: 17244869-1

Kendall Credit and Business Service, Inc. is a debt collector. We are trying to collect a debt that you owe to Baptist Hospital. We will use any information you give us to help collect the debt.

Our information shows:

You had services from Baptist Hospital with account number 17244869-1.

As of 10/02/24, you owed: **\$445.80**

Between 10/02/24 and today:

You were charged this amount in interest: **\$0.00**

You were charged this amount in fees: **\$0.00**

You paid or were credited this amount toward the debt: **\$0.00**

Total amount of the debt now: **\$445.80**

How can you dispute the debt?

- Call or write to us by 11/18/2024, to dispute all or part of the debt. If you do not, we will assume that our information is correct.
- If you write to us by 11/18/2024, we must stop collection on any amount you dispute until we send you information that shows you owe the debt. You may use the form below or write to us without the form. You may also include supporting documents.

What else can you do?

- Write to ask for the name and address of the original creditor, if different from the current creditor. If you write by 11/18/2024, we must stop collection until we send you that information. You may use the form below or write to us without the form.
- Go to www.cfpb.gov/debt-collection to learn more about your rights under federal law. For instance, you have the right to stop or limit how we contact you.
- Contact us about your payment options.

Mail this form to:

P.O. Box 404665
 Atlanta, GA 30384-4665

10/14/24

KEN55C 5032932 631045449
 Heriberto Valiente
 4214 SW 164TH PATH
 MIAMI, FL 33185-5290

How do you want to respond?

Check all that apply:

- I want to dispute the debt because I think:
 - This is not my debt.
 - The amount is wrong.
- I want you to send me the name and address of the original creditor.
- I enclosed this amount: \$ _____

Make your check payable to Kendall Credit and Business Service, Inc. Include the reference number 17244869-1.



CHANGE OF ADDRESS OR HEALTH INSURANCE INFORMATION

If you have new health insurance or a new address, please enter the information below.

NEW ADDRESS	CITY	STATE	ZIP CODE
NEW PHONE#	NEW EMAIL ADDRESS		
POLICY HOLDER'S NAME/RELATIONSHIP TO PATIENT		POLICY ID #	GROUP #
EFFECTIVE DATE	BIRTH DATE OF INSURED	HMO/PPO/OTHER	INSURANCE PHONE #
IF GROUP INSURANCE, NAME OF GROUP (EMPLOYER, UNION/ASSOCIATION)			
INSURANCE COMPANY NAME		INSURANCE ADDRESS	
EMPLOYER		EMPLOYER ADDRESS	